

Unnecessary medicine use in patients with lung cancer at the end of life

September 6 2018

Individuals with advanced lung cancer often have other comorbid conditions, and many may be on complex, costly, and even inappropriate medication regimens. A new *British Journal of Clinical Pharmacology* study examined the extent to which such patients are prescribed medications with questionable benefit.

In an analysis of information from two centers in the United Kingdom and the United States, the use of preventative medicines—drugs for diabetes, hypertension, hyperlipidemia, antiplatelet agents, and vitamins/minerals—was common at hospital admission and discharge for patients who died of [lung cancer](#).

In the UK site (125 people), the average number of preventative medications was 1.9 at admission and 1.7 at discharge, whilst in the US site (191 people) the average was 2.6 at admission and 1.9 at discharge. "There may be scope to develop an intervention that embraces the principles of deprescribing at the point of hospital discharge to reduce inappropriate prescribing in [lung cancer patients](#)," the authors wrote.

More information: Adam Todd et al, Missed opportunities: unnecessary medicine use in patients with lung cancer at the end of life: an international cohort study, *British Journal of Clinical Pharmacology* (2018). [DOI: 10.1111/bcp.13735](https://doi.org/10.1111/bcp.13735)

Provided by Wiley

Citation: Unnecessary medicine use in patients with lung cancer at the end of life (2018, September 6) retrieved 6 May 2024 from <https://medicalxpress.com/news/2018-09-unnecessary-medicine-patients-lung-cancer.html>

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